

see 606

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 6042
Registered No. 310

1. PLACE OF BIRTH

County Yuma State Arizona
Township Yuma or Village _____
City Yuma No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Aleala { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept 16 1931</u> (Month, day, year)
5. Number, in order of birth _____		Full term _____			

9. Full name FATHER
Santana Aleala

10. Residence (usual place of abode)
(If nonresident, give place and State) _____

11. Color or race Mex 12. Age at last birthday 58 (Years)

13. Birthplace (city or place)
(State or country) Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Estero Martinez

19. Residence (usual place of abode)
(If nonresident, give place and State) _____

20. Color or race Mex 21. Age at last birthday 42 (Years)

22. Birthplace (city or place)
(State or country) Mexico

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother 12
(At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 5 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 a.m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____ (Date of) _____

(Signed) Patricia Aleala (Mother)

Address Yuma Arizona

Filed Dec 6 1931 Mary L. Hufferman Registrar

711-09-349